

SAMPLE

QUALIFIED SERVICE ORGANIZATION AGREEMENT

Whereas “_____” referred to hereafter as “___” and Snohomish Health District hereafter called “SHD” accept client referral for services from and provide professional consultation with each other and whereas each requires the following information:

Referral and Consultation Information, including Treatment Planning and Case Consultation, for Health and Related Social Services

in order to provide their services and consultation; and whereas the disclosure of this information is governed by the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, by WAC 246-101-120 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment, and by RCW 71.05.390 Mental Illness confidential information and records disclosure. Therefore, SHD and “___” enter into a qualified service organization agreement whereby “___” and SHD:

1. Acknowledge that in receiving, storing, or otherwise dealing with any information from each other that they are fully bound by the requirements of 42 CFR Part 2, WAC 246-101-120, RCW 71.05.390 and **any relevant state laws.**
2. Agree that they will institute appropriate procedures for safeguarding such information, particularly patient identifying information; and
3. Agree that they will resist in judicial proceedings any efforts to obtain access to any information pertaining to patients otherwise than as expressly provided for in 42 CFR Part 2, WAC 246-101-120, RCW 71.05.390 and **any relevant state and federal laws.**

AND SNOHOMISH HEALTH DISTRICT
RECOGNIZE THAT ANY UNAUTHORIZED DISCLOSURE OF PATIENT
INFORMATION IS A FEDERAL CRIMINAL OFFENSE PUNISHABLE BY A FINE OF NOT
MORE THAN \$1,000.00 IN THE CASE OF A FIRST OFFENSE AND NOT MORE THAN
\$10,000.00 IN THE CASE OF EACH SUBSEQUENT OFFENSE.

Signature of Representative of

Date

Signature of Representative of Snohomish Health District

Date

8/02